Submit 3 Copies to Appropriate District Office

State of New Mexico Enc. J, Minerals and Natural Resources Department

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Form C·103	(51	
Revised 1-1-89	Do	
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DISTRICTI			
P.O. Box 1980,	Hobbs,	NM	88240

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 88

- 1 0 1002

5.	Indicate Type of Lease
	STATE X FEE

WELL API NO.

DISTRICT III	SEP 1 0 1992	31AILEE 1LL
1000 Rio Brazos Rd., Aztec, NM 87410	SEP 1 0 1332	6. State Oil & Gas Lease No. E-1392
SUNDRY NOTICES AND REPOR	TS ON WELLEN	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF DIFFERENT RESERVOIR. USE "APPLICA" (FORM C-101) FOR SUCH PROP	TION FOR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTH		
	PK	State G
2. Name of Operator	1	8. Well No.
Yates Drilling Company	i	2
3. Address of Operator		9. Pool name or Wildcat
105 South 4th Street, Artesia,	NM 88210	Artesia-On-GRB-SA
4. Well Location	I	
Unit Letter <u>C</u> : <u>330</u> Feet From The	North Line and 1650	Feet From The West Line
Section 22 Township 18S		NMPM Eddy County
10. Elevation	(Show whether DF, RKB, RT, GR, etc.)	Y/////////////////////////////////////
36	005 '	
11. Check Appropriate Box to	o Indicate Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:

12 Describe Described Operations (Classic state all and and a					
OTHER: Change of Operator	X	OTHER:			
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	3		
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT	· 🔲
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
* * ·					

ed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Effective 9/1/92:

Change from

S.P. Yates

105 South 4th Street Artesia, NM 88210

Change to

Yates Drilling Company 105 South 4th Street Artesia, NM 88210

		i		-
I hereby certify that the informat	ion above is true and complete to the best of my knowle	edge and belief.		
SIGNATURE TONON	J. Keishman	mle	Production Clerk	рате <u>9-15-92</u>
TYPE OR PRINT NAME				TELEPHONE NO.
(This space for State Use)	RIGINAL SIGNED BY	1		
	IIKE WILLIAMS UPERVISOR, DISTRICT II	mile		SEP 2 1 1992
CONDITIONS OF APPROVAL, IF A	NY:	:		